

**AMENDMENT TRANSMITTAL LETTER**Docket No.
03702/000M969-US0Application No.
10/600,479Filing Date
June 19, 2003Examiner
Xuan Lan T. NguyenArt Unit
3683

Applicant(s): Seiya Asano et al.

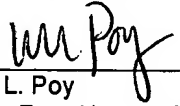
Invention: VIBRATION ISOLATING BUSHING

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =		x	0.00
Independent Claims	1	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Information Disclosure Statement					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					180.00

☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 180.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Denise L. Poy
Attorney Reg. No.: 53,480

Dated: October 29, 2004

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7664

Express Mail Label No.

Dated: _____

FEE TRANSMITTAL

for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Xuan Lan T. Nguyen
		Art Unit	3683
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No. 03702/000M969-USO

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account:					
Deposit Account Number	04-0100				
Deposit Account Name	Darby & Darby P.C.				
The Director is authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					

FEE CALCULATION (continued)						
Large Entity		Small Entity		Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1051	130	2051	65	Surcharge – late filing fee or oath		
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		


FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
			Extra Claims	Fee from below	Fee Paid
Total Claims	5	-20** =		x	0.00
Independent Claims	1	-3** =		x	0.00
Multiple Dependent					

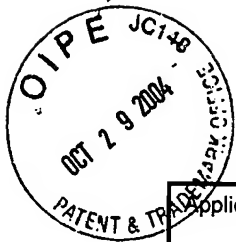
Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)		(\$)	0.00
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				(Complete (if applicable))	
Name (Print/Type)	Denise L. Poy	Registration No. (Attorney/Agent)	53,480	Telephone	(212) 527-7700
Signature				Date	October 29, 2004

Express Mail Label No. _____ Dated: _____



Application No. (if known): 10/600,479

Attorney Docket No.: 03702/000M969-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV382050477US

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on October 29, 2004
Date

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable _____

Telephone Number _____

Note: Amendment in Response to Non-Final Office Action (7 pages);
Amendment Transmittal Letter (1 page);
1 Replacement Sheet of Drawing (Fig. 1);
Information Disclosure Statement (2 pages);
List of References (PTO\SB08a\b form) (1 page);
2 Japanese References and 1 Japanese Office Action;
Fee Transmittal Sheet (1 page);
Return Postcard; and
Check No. 6587 for \$180.00